



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (BEECH GROVE)

City of Hospital: Indianapolis

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 152013

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33055269
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$33055269

2. Deductions From Revenue

Contractual Allowance	\$18956292
Other Deductions	\$3579
Total Deductions	\$18959871

3. Total Operating Revenue

Net Patient Service Revenue	\$14095398
Other Operating Revenue	\$4716
Total Operating Revenue	\$14100114

4. Operating Expenses

Salaries and Wages	\$6221322	Employee Benefits	\$1633729
Depreciation and Amortization	\$113972	Interest Expense	\$0
Bad Debt	\$-270289	Other Expenses	\$7311943
Total Operating Expenses	\$15010677		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-910563	Total Assets	\$21188203
Net Non-operating Gains over Loss	\$26221	Total Liabilities	\$5027722
Total Net Gains	\$-884342		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$23674068	\$14347755	\$9326313
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$9381201	\$4612116	\$4769085
Total	\$33055269	\$18959871	\$14095398

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$1017
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0